

Fax

RECEIVED
CENTRAL FAX CENTER

JUN 29 2005



TO: JOHN PAK FROM: *Will Hartfeldt*
COMPANY: *Comm'r for Patents, Art Unit 1616* DATE: *6/29/05*
FAX NUMBER: *571-273-8300* TOTAL NO. OF PAGES INCLUDING COVER: *2*
RE: *US Patent App. No. 10/705,688*

☐ URGENT☐ FOR REVIEW☐ PLEASE COMMENT☐ PLEASE REPLY

COMMENTS:

Dear Mr. Pak,

Here follows my executed Power of Attorney as requested per your fax yesterday.

Sincerely,

Will H. Hartfeldt
Applicant/Inventor

Telephone: 952-944-9779
Toll free: 800-356-8733
FAX: 952-944-7755
www.phytoncorp.com
7449 Cahill Road
Edina, MN 55439

CENTRAL FAX CENTER

JUN 29 2005

PTO/SB/81 (04-05)

Approved for use through 11/30/2005. OMB 0851-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/705,688
	Filing Date	11-10-2003
	First Named Inventor	Hartfeldt, Will H.
	Title	Method of controlling animal pests
	Art Unit	1616
	Examiner Name	Pak, John
	Attorney Docket Number	1008.003

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Craig Gregersen	31,832

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Law Offices of Craig Gregersen				
Address	P.O. Box 386353 10032 Quebec Avenue South				
City	Bloomington	State	MN	Zip	55438
Country	US				
Telephone	952-943-8680	Email	craiggregersen@msn.com		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Will H. Hartfeldt</i>	Date	6/29/05
Name	Will H. Hartfeldt	Telephone	952-944-6888 9779 WH
Title and Company	Applicant/Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.